

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2725AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2009
NAME OF PROVIDER OR SUPPLIER AGAPE LOVE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 NORTH H STREET LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/31/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for four Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. No Complaints were investigated. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 7/31/09, the facility failed to ensure that 2 of 3 caregivers received	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 eight hours of annual training (Employee #2 and #3). Severity: 2 Scope: 3	Y 070		
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on observation and interview on 7/31/09, the facility failed to maintain a monthly written schedule that included the number and type of members of the staff of the facility assigned for each shift. Severity: 1 Scope: 3	Y 088		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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Y 103	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 7/31/09, the facility failed to ensure that 3 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2 and #3) for the protection of 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 7/31/09, the facility failed to ensure 3 of 3 caregivers met background check requirements (Employee #1 - No signed Criminal History Statement and no copy of fingerprints, #2 - No evidence of State background check, and #3 - No evidence of Federal background check) This was a repeat deficiency from the 10/21/08 State Licensure survey. Severity: 2 Scope: 3	Y 105			
Y 179 SS=E	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened	Y 179			

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Y 179	Continued From page 3 in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 7/31/09, the facility failed to provide screens for windows found in 3 out of 8 windows (2 bedrooms and the kitchen) to prevent the entry of insects. Severity: 2 Scope: 2	Y 179			
Y 252 SS=F	449.217(3) Storage of Food-Adequate storage; Packaging NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. This Regulation is not met as evidenced by: Based on observation and interview on 7/31/09, the facility failed to assure food was appropriately stored and covered (uncovered salad stored under a carton of eggs in the refrigerator and other uncovered containers of food). Severity: 2 Scope: 3	Y 252			
Y 272 SS=C	449.2175(3) Service of Food - Menus	Y 272			

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Y 272	Continued From page 4 NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 7/31/09, the facility failed to ensure a planned, dated and posted menu was available. Severity: 1 Scope: 3	Y 272		
Y 434 SS=E	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on , the facility did not have documented evidence that monthly evacuation drills were conducted for 5 of 12 months (August, September, October, November and December of 2008). Severity: 2 Scope: 2	Y 434		
Y 444 SS=E	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be	Y 444		

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Y 444	Continued From page 5 tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 7/31/09, the facility did not have documentation of smoke detector testing for 12 of the past 12 months (August to December of 2008 and January to July of 2009); the living room smoke detector did not operate when tested and 1 of 2 bedroom smoke detectors was barely audible when tested. Severity: 2 Scope: 3	Y 444			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 7/31/09, the facility failed to ensure that 1 of 4 residents received an initial physical on admission (Resident #1); and 1 of 4 resident received an annual physical (Resident #2).	Y 859			

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Y 859	Continued From page 6 Severity: 2 Scope: 1	Y 859		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 7/31/09, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #3 - Prescribed Singular and none was available in the facility). Severity: 2 Scope: 1	Y 878		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility	Y 885		

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Y 885	Continued From page 7 shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview on 7/31/09, the facility failed to ensure medication for 1 discharged resident was removed from the facility or destroyed (Resident #6 - Lidoderm patches). Severity: 2 Scope: 1	Y 885			
Y 895 SS=B	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895			

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Y 897	Continued From page 9 the facility failed to ensure the date and time that 1 of 4 residents missed medications because they were out of the facility was documented (Resident #3). Severity: 2 Scope: 1	Y 897			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review and interview on 7/31/09, the facility failed to ensure that 2 of 4 residents complied with NAC 441A.380 regarding tuberculosis (TB) (Resident #1- Admitted on 12/29/08 with no initial TB testing ; one step TB test completed on 7/10/09, and Resident #4 - No TB testing in 2008; One step completed on 7/23/09) which affected all residents. Severity: 2 Scope: 3	Y 936			

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